

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

						SERIAL NO. <i>091025690</i>	FILING DATE					
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/	/			51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10							60					
11		10					61					
12		10					62					
13		10					63					
14		10					64					
15		10					65					
16		10					66					
17		10					67					
18			1				68					
19			1				69					
20			1				70					
21			1				71					
22			1				72					
23			1				73					
24			1				74					
25			1				75					
26			1				76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	60		5				TOTAL IND.					
TOTAL DEP.	74	←	63	←		←	TOTAL DEP.					
TOTAL CLAIMS	80		68				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS